

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/30/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/12/2025
NAME OF PROVIDER OR SUPPLIER  Oasis Pavilion Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  161 West Rodeo Road Suite 1 Casa Grande, AZ 85122	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51158</b></p> <p>Based on clinical record review, staff interviews and policy, the facility failed to ensure that medical records were accurately documented and/or completed for one of six sampled residents (#5) regarding urinary output. The deficient practice could result in resident 's clinical records not being an accurate representation of their care/condition.</p> <p>Findings include:</p> <p>Resident #5 was admitted on [DATE] with diagnoses that included muscle weakness, difficulty in walking, other abnormalities of gait and mobility, encounter for change or removal of surgical wound dressing, and acute and chronic respiratory failure with hypoxia.</p> <p>Review of the resident 's clinical record revealed an order on November 5, 2021 by the Primary Care Physician (PCP) for an indwelling catheter to straight drainage: 16FR 10CC DX: Urinary Retention.</p> <p>Further review of the clinical record revealed another order on November 5, 2021 by the PCP for routine catheter care every shift per facility protocol.</p> <p>According to the residents Minimum Data Set (MDS) dated [DATE] the resident had a Brief Interview for Mental Status (BIMS) summary score of 15 indicating he was cognitively intact.</p> <p>Further review of the MDS revealed the resident had an indwelling catheter in place as well as a Urinary Tract infection (in the last 30 days).</p> <p>According to a progress note dated November 26, 2021 at 11:59 stated that the resident was noticed to have low O2 stats and at 11:30 the resident began 'pursed lip breathing. ', the physician was notified and gave the order to transport the resident to the hospital.</p> <p>Review of the resident #5 's clinical census revealed that the resident was not active after November 26, 2021 and reactive on December 2, 2021 indicating that the resident was admitted to the hospital after being transferred.</p> <p>Review of the Treatment Administration Record (TAR) for November 2021 revealed catheter outputs were documented on November 27 and 28th of 2021 when the resident was not in the facility.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>An interview was conducted with a Licensed Practical Nurse (LPN/Staff #59) on May 12, 2025 at 4:46p.m. The LPN stated that her role in catheter care is to ensure the integrity of the catheter and ensure there are no issues with infection. The LPN stated that she was not sure if nurses are to fill out the resident ' s outputs when they are out of the facility but they do receive the information at discharge.</p> <p>An interview was conducted with a Certified Nursing Assistant (CNA/Staff #21) on May 12, 2025 at 5:06 p.m. The CNA stated that her role in catheter care is to clean the residents catheter in addition to document the resident ' s output while they are in the facility.</p> <p>An interview was conducted with a Director of Nursing (DON/Staff #67) on May 12, 2025 at 5:13 p.m. The DON stated that if a resident is transferred to the hospital and is discharged from the facility, even for a short period of time, there should be no documentation regarding outputs from their catheter. The DON was asked to pull up resident #5 ' s chart and identified that during the time period of November 27th and 28th the resident was not in the facility. The DON further verified that there were documented 50cc outputs on both days on the resident ' s TAR. The DON stated she is not sure why that was done and stated that the risks of misdocumenting information would be incorrect information being in the resident ' s medical record.</p> <p>Review of a facility policy revised May 22, 2022 and reviewed April 20, 2025 titled, Urinary Catheter Care, states the facility is to maintain an accurate record of the resident ' s daily output, per facility policy and procedure.</p>		